

785

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
County of Pima
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99
Co. Register No. 438
Local Registrar's No. _____

FULL NAME OF CHILD Santora Born NO
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Aug 6</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Gregoria Santora</u>			Full Maiden Name <u>Jesus Hidalgo</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mexican</u> Age at last Birthday <u>22</u> (Years)			Color or Race <u>Mexican</u> Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Arizona</u>		
Occupation <u>Miner</u>			Occupation <u>Str</u>		

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 6 1919, at 3 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) N. D. Brayton
(Attending physician, midwife, householder,*)

Given or Christian name added from a supplemental report _____ 1919

Address Aug 10 1919

723-4016-196
COUNTY REGISTRAR.

A True Copy
Filed SEP 9 1919

N. D. Brayton
LOCAL REGISTRAR.
B. G. Fox
COUNTY REGISTRAR.